## SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 55 OF (check only one) 11a 11b 11c 12

149

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS 11d Detailed Summary Page 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Jim Tracy for Congress Full Name (Last, First, Middle Initial) JOEY A. JACOBS Date of Receipt Mailing Address 9229 HUNTERBORO DR. 06 26 2013 City State Zip Code Transaction ID: SA11.730B TN 37027-6104 **BRENTWOOD** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. -2600.00 Name of Employer Occupation CONTRIBUTION ACADIA HEALTHCARE CHAIRMAN/CHIEF EXECUTIVE OFFICER Receipt For: 2014 Election Cycle-to-Date [MEMO ITEM] Primary General REATTRIBUTION TO SPOUSE 5200.00 Other (specify) Full Name (Last, First, Middle Initial) JOEY A. JACOBS Date of Receipt Mailing Address 9229 HUNTERBORO DR. 06 26 2013 Citv State Zip Code Transaction ID: SA11.738B **BRENTWOOD** TN 37027-6104 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. -2600.00 Name of Employer Occupation CHAIRMAN/CHIEF EXECUTIVE OFFICER CONTRIBUTION ACADIA HEALTHCARE Receipt For: 2014 Election Cycle-to-Date [MEMO ITEM] | Primary General REATTRIBUTION / REDESIGNATION REQUESTED 5200.00 (AUTOMATIC) REDESIGNATION TO GENERAL Other (specify) Full Name (Last, First, Middle Initial) JOEY A. JACOBS Date of Receipt Mailing Address 9229 HUNTERBORO DR. 2013 26 City State Zip Code Transaction ID: SA11.739 TN **BRENTWOOD** 37027-6104 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2600.00 Name of Employer Occupation ACADIA HEALTHCARE CHAIRMAN/CHIEF EXECUTIVE OFFICER CONTRIBUTION Receipt For: 2014 Election Cycle-to-Date [MEMO ITEM] X General Primary REDESIGNATION FROM PRIMARY 5200.00 Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....